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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Or for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 251892US2
		First Inventor or Application Identifier Kohji FUJINAGA
Title INFORMATION PROCESSING APPARATUS AND SESSION MANAGEMENT METHOD		

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Specification Total Sheets 36		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 12		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration Total Pages [ ] a. <input type="checkbox"/> Newly executed (original or copy)		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		10. <input type="checkbox"/> English Translation Document (if applicable)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		12. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
a. <input type="checkbox"/> Computer Readable Form (CRF)		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <small>(if foreign priority is claimed)</small>
b. Specification or Sequence Listing on :		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper		16. <input checked="" type="checkbox"/> Other: Request for Priority
c. <input type="checkbox"/> Statements verifying identity of above copies		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

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13281

Docket No. 251892US2

U.S. PTO

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kohji FUJINAGA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: INFORMATION PROCESSING APPARATUS AND SESSION MANAGEMENT METHOD

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	17 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$86 =	\$86.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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